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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/607,217			ing Date 27/2003	To be Mailed	
APPLICATION AS FILED – PART I										OTHER THAN		
(Column 1) (Column 2)					4	SMALL		OR		ALL ENTITY		
Ļ	FOR	N	UMBER FIL	_ED NUM	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
Ш	BASIC FEE (37 CFR 1.16(a), (b), or (c))		N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 = *		<u> </u>		x \$ = -		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	ation and drawing er, the applicatio for small entity) sheets or fractior a)(1)(G) and 37	n size fee due for each n thereof. See		:					
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						TOTAL		1		·	
* If the difference in column 1 is less than zero, enter *0" in column 2.								•]	TOTAL		
APPLICATION AS AMENDED — PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
ΝΤ	11/28/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	• 12	Minus	** 20	= 0		x \$ =		OR	X \$50= ·	0	
N.	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0]	x \$ =		OR	X \$200=	0	
ğ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
7-23-0							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	. 12	Minus	- 20	=		x \$ =		OR	x \$. =		
	Independent (37 CFR 1.16(h))	• 3	Minus	·· 3	=		X \$ =	_	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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